Advanced Pharmacology for NPs

Clinical Correlation Assignment

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COMMUNICATING WITH PATIENTS ABOUT THEIR MEDICATIONS

BARRIERS TO COMMUNICATION

Functional Barriers

These barriers are those related to hearing and vision that make it difficult for the patient to absorb the information you are trying to convey or explain. Additionally, language barriers and illiteracy require special preparation to overcome.

To overcome hearing related barriers keep the environment as quiet as possible to eliminate background noise, speak clearly, make good eye contact, don't yell, and position yourself at eye level and in front of the patient. Use large-type printed instructions for visually impaired patients. Have picture diagrams as much as possible, use translators, and demonstrate techniques when appropriate. To ensure comprehension, don't forget to verify and review the prescription.

Emotional Barriers

When these barriers occur communication breaks down, frustration begins or worsens, and the patient does not receive the information they need. These barriers include anger, hostility, depression, anxiety, embarrassment, and sadness. Additionally, an attitude of "know-it-allness" erects a barrier to the communication of information. Detecting these barriers requires that the practitioner be patient and listen beyond the words.

Schwinghammer recommends using "Reflective Responding" to let the patient know we are truly listening.

Identify and label the emotion as **mad, **sad**, **glad**, or **scared**.

**Put the word into a statement such as *"It sounds as if you are _____."*

When faced with patients' emotional barriers, the barrier must be dealt with so that the patient can continue with a receptive frame of mind.

DISCUSSING NEW PRESCRIPTIONS

Open and conduct the discussion with open-ended questions.
Use the following "Prime Questions":

1. What did your doctor tell you the medication is for?
   Or
   What is the medication supposed to do?

After you verify that the patient knows what the medication is for, move on to the next Prime Question.

2. How did your doctor tell you to take the medication?
   Or
   What should you do when you miss a dose?
   Or
   What does three times a day mean to you?

Once you know that patient knows exactly how to take the medication, ask the third Prime Question.

3. What did your doctor tell you to expect?
   Or
   What were you told to expect?
   Or
   What should you do if a bad reaction occurs?

To close the discussion, make a final verification by asking, *"Just to make sure I didn't leave anything out, please go over with me how you are going to use the medication."*

DISCUSSING REFILL PRESCRIPTIONS

To verify that the patient understands the proper use of chronic medications use the following open-ended, "Show-and-Tell Questions":

1. What do you take the medication for?

2. How do you take the medication?
   If the patient answers incorrectly, he/she may be noncompliant or the doctor changed the dose. If the medication is an inhaler or an injection, use this opportunity to have the patient demonstrate his/her technique.

3. What kinds of problems are you having?
   If new symptoms are present, use the Key Symptoms Questions.

DISCUSSING SYMPTOMS RELATED TO DRUG THERAPY

Patients frequently mention symptoms that could be related to medications. Schwinghammer (1997) suggests using the following Key Symptom Questions" to elicit more specific details of these symptoms:

1.	Onset/Timing:	When did you notice this, or When did it start?
2.	Duration:	How long have you had this problem?
3.	Context:	Under what circumstance does this symptom appear?
4.	Quality:	What does it feel like?
5.	Quantity:	How much and how often do you notice it?
6.	Treatment:	What makes it feel better, or What have you done about it?
7.	Associated Symptoms:	What other symptoms are you having?

Do not jump to conclusions about the cause of the symptom and recommend a treatment without knowing the true cause. Patients have a tendency to attribute every symptom to a medication, according to Schwinghammer. Knowledge of each drug's side effect profile and the disease symptomatology is essential to make a decision regarding the origin of the problem. The most important thing to keep in mind is that you must obtain enough information to make an informed clinical judgment. Using these Key Symptom Questions will help you do that.

COMPLIANCE AND DISEASE MONITORING

OR

WHO'S DISEASE IS IT ANYWAY?

One of the biggest misconceptions of health care providers regarding managing our patients' chronic illnesses is that we are managing our patients' chronic illnesses!!!!

Nothing could be further from the truth, according to Schwinghammer (1997). In addition, this misconception is a major contributor to noncompliance with medication and therapies.

In reality, the only time a health care professional manages a patient's illness is during the very brief time that the patient is actually encountering the health care facility, such as during an office visit, during hospitalization, or in a long-term care facility.

For the majority of the time, it is the PATIENT that manages his/her chronic illness. All we do, as health care professionals, is assist the patient with managing their chronic illnesses.

To achieve good outcomes, health care professionals must adopt this new paradigm and form a partnership with the patient.

In other words,

it is the patient's disease. It is the providers' job to help the patient manage it.

TO ENHANCE PATIENT COMPLIANCE:

GO SLOW AND USE AN INTERACTIVE APPROACH

Don't overwhelm the patient, give small manageable amounts of information.
Actively involve the patient in the process using open-ended questions and adult learning principles.

SET THE STAGE FOR FUTURE ENCOUNTERS

Discuss how difficult compliance with prescribed therapies and drugs can be.
Explain that you expect some difficulties and have them keep track of those instances.

FOR FOLLOW-UP VISITS, USE THE THREE Cs

Control – to evaluate control of the disease merge objective findings such as vital signs with subjective findings, such as reports of dizziness.

Complications – these can occur from both disease progression and drug effects. Again, merge your objective and subjective findings to discern what is causing the complication.

Compliance – During the office visit look for the red and pink flags of noncompliance.

"Why do I have to keep taking this medicine?"	red flag
"My doctor says I should take it."	pink flag
"The doctor in Primary Care wants me to take it."	pink flag

When asked the "Third Show & Tell Question" the patient says:
"Well, ... none, really." pink flag

"Is this drug anything like (another drug)? pink flag
The best response to this question is "Why do you ask?" The patient may now disclose that a relative had it or they heard about it on "20/20" or "60 Minutes." These indirect experiences create just enough doubt about the drug that the patient may not be compliant.

Once you have detected noncompliance, use Reflecting Responses to identify the nature of the problem.

Schwinghammer categorizes three types of problems:

1. Knowledge deficit

2. Practical barriers such as polypharmacy, "childproof" bottles, difficulty developing routines, or insufficient mental aptitude.

3. Attitudinal barriers (the most difficult to detect and manage)
   -cultural beliefs that counter the prescribed regimen
   -the patient's desire to be in control
   -patient belief that they can successfully implement the treatment

   -and finally, the most prevalent and most difficult to overcome:

   "**LAY THEORIES**" OF MEDICINE ADMINISTRATION

"You need to give your body a rest from medicine or you'll become immune to it."

"You only need to take medicine when you feel sick, not when you feel okay."

And the dreaded

"If one dose is good, then two must be better!"

CLINICAL CORRELATION ASSIGNMENT
PRINCIPLES OF PATIENT-FOCUSED THERAPY
CASE STUDY IN PATIENT COMMUNICATION (p. 17)

Sally (54 y/o, s/p surgery for breast cancer) comes to the pharmacy alone to pick up her tamoxifen prescription. You have reviewed the patient profile and are ready to counsel her on the medication.

1. Before talking with the patient, what concerns do you have about counseling this patient? What else would you like to know about your patient?

   Sally has been on estrogen replacement therapy (Premarin) since her hysterectomy in 1990. However, on the medication profile the last prescription of 100 Premarin tabs was filled on 10/94. This indicates that Sally may not be compliant with her medications. I will need to know from Sally if she has been taking the Premarin as prescribed. If she has not been taking the Premarin, I will keep this in mind for implications of future noncompliance with tamoxifen.

   If Sally has been compliant with the Premarin, I will need to talk with her physician. Tamoxifen is an estrogen antagonist, as it competes with estrogen for intracellular estrogen receptors. I will also have to make sure that Sally understands to discontinue the Premarin and why.

2. How are you going to begin the consultation?

   According to Gardner and Herrier (Schwinghammer, 1997), the consultation is opened by establishing rapport with the patient. This is accomplished by introducing yourself and stating that you will be reviewing the patient's medications and prescription instructions with her. It is optimal to provide privacy and allow enough time for a thorough discussion.

   The discussion should be started with Prime Questions, those questions that help the practitioner determine whether or not the patient knows what the medication is for. After determining that the patient knows what the medication is for, ask the patient if she knows the timing of the doses, what to do if a dose is missed, whether to take the medication with meals, how long to take the medication, and how to store the medication. The third Prime Question determines whether or not the patient knows what effects to expect, what potential adverse effects to watch for, and how to manage expected side effects.

   Sally's medication is an anticancer drug that has frequent adverse effects. Gardner and Herrier (Schwinghammer) recommend sensitive and empathetic communication skills that provide information about how the medication will work and why it is a good therapy for them. Discussing and confronting both the risks and benefits of the medication can improve patient compliance (Schwinghammer).

3. For each patient response to the first Prime Question, consider what each statement reveals about what the patient knows or feels, and state what should happen next in the consultation.

   Practitioner states *"What did the doctor tell you the medication is for?"*

   "He gave it to me after my surgery."

   This response is vague and may indicate that Sally does not know what the tamoxifen is for. I will probe further and ask about the surgery and other therapies for the breast cancer, being sensitive to her emotions and fears. If Sally is unaware of the purpose of the medication, I will give her the information in very clear terms.

   "I just had surgery for breast cancer."

   Sally's response indicates that she acknowledges the breast cancer, but possibly does not know why the tamoxifen has been ordered. This response is also very broad and vague. To probe further I would ask Sally what the tamoxifen does for the breast cancer. If Sally states that she does not know, I would then explain how tamoxifen works and that it causes tumor regression.

   "I know what it is for."

   Sally's response is vague and does not give evidence that she knows what the tamoxifen is for. It will be necessary to probe further to validate her knowledge level. I would next ask Sally what tamoxifen is supposed to do for breast cancer.

4. For each patient response to the second Prime Question, consider what each statement reveals about what the patient knows or feels, and state what should happen next in the consultation.

   Practitioner states *"How did the doctor tell you to take the medication?"*

   "*I'm going to take it twice a day."*

   This response may mean that Sally does in fact know how to take the medication, but I do need to verify this. I need to now ask her what does twice a day mean to her. Additionally, I need to tell Sally that taking tamoxifen with meals may lessen the occurrence of stomach distress (a common side effect). In this case, twice a day will mean with breakfast 0800 and before bedtime 2000 with a snack.

   "*It's on the label, isn't it?"*

   This response indicates that Sally probably does not know how often to take the medication. Her lack of interest may indicate a problem or may indicate that her physician has not discussed this with her. I will next discuss taking the medication at evenly spaced intervals with meals.

"I don't remember. He didn't tell me."

This response indicates that I will need to advise Sally about timing, spacing, and to take the medication with meals. I must keep in mind that Sally did not remember what her physician told her. Sally's anxiety level is most likely high and her comprehension level is compromised. I must keep this in mind, as she may not remember much of what I tell her. Concise, written instructions would be useful in this instance.

5. Listed below are three different responses to the third Prime Question. Consider what each tells you and state what you would do next in the consultation.

Practitioner states *"What did your doctor tell you to expect?"*

"I hope it will keep my cancer in check."

This response indicates that Sally may understand that tamoxifen will decrease the size and/or spread of the breast cancer. I will verify this by asking Sally how the doctor will monitor her progress. If her responses are appropriate, I will review and close the session with "Just to make sure I didn't leave anything out, please go over with me how you are going to take this medicine."

"The doctor says things look good, but I thought I heard something about uterine cancer?"

Sally is referring to an adverse effect of tamoxifen. I will need to verify that she had a hysterectomy 9/90. I will then explain that this side effect will not affect her. I will explain all other side effects, such as thrombophlebitis & hot flashes.

"Nothing. I'm not sure anything is going to help me now."

This response indicates that Sally may be depressed about her situation. I must keep in mind that this is Sally's disease and I only help her manage it. I will use empathy and allow her enough time to express her feelings, discuss the risks and benefits of tamoxifen, and evaluate the possibility that she needs another appointment with her physician. Sally's emotions must be dealt with and acknowledged in order to put her in a receptive frame of mind.

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